Pol Community Care Ltd
Office 2, Caradon Enterprise Centre, 1 Holman Road, Liskeard Business Park, Liskeard, Cornwall, PL14 3UT

Review Sheet

Last Reviewed	Last Amended	Next Planned Review
06 Sep '19	06 Sep '19	in 12 months, or sooner as required.

Business impact	**MEDIUM IMPACT** — Changes are important, but urgent implementation is not required, incorporate into your existing workflow.
Reason for this review	Scheduled review
Were changes made?	Yes
Summary:	Scheduled review of this policy undertaken, with procedural points reordered and further information added to ensure it continues to meet regulatory requirements. Information around clinical sharps has been reduced and staff should refer to the Sharps and Needlestick policy and procedure for further information.
Relevant legislation:	• The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013 • Public Health (Control of Disease) Act 1984 (as amended) • The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Guidance • The Care Act 2014 • Control of Substances Hazardous to Health Regulations 2002 • The Hazardous Waste (England and Wales) Regulations 2005 • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Health and Safety at Work etc. Act 1974 • Management of Health and Safety at Work Regulations 1999 • Mental Capacity Act 2005 • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
Underpinning knowledge - What have we used to ensure that the policy is current:	Author: The Royal College of Nursing, (2013), *Sharps safety RCN Guidance to support the implementation of The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013*. [Online] Available from: https://www.gla.ac.uk/media/media_511552_en.pdf [Accessed: 6/9/2019] Author: The Department of Health, (2015), *The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance*. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf [Accessed: 6/9/2019] Author: National Institute for Health and Care Excellence, (2017), *Healthcare-associated infections: prevention and control in primary and community care*. [Online] Available from: https://www.nice.org.uk/guidance/cg139/chapter/1-guidance [Accessed: 6/9/2019] Author: Health and Safety Executive, (2011), *Blood-borne viruses in the workplace Guidance for employers and employees*. [Online] Available from: http://www.hse.gov.uk/pubns/indg342.pdf [Accessed: 6/9/2019] Author: National Institute for Health and Care Excellence, (2015), *Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use NICE guideline [NG15]*. [Online] Available from: https://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started [Accessed: 6/9/2019] Author: Public Health England, (2014), *Communicable disease outbreak management: operational guidance*. [Online] Available from:

	https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance [Accessed: 6/9/2019] Author: Health and Safety Executive, (2013), *Reporting injuries, diseases and dangerous occurrences in health and social care - Guidance for employers*. [Online] Available from: http://www.hse.gov.uk/pubns/hsis1.pdf [Accessed: 6/9/2019]
Suggested action:	▪ Encourage sharing the policy through the use of the QCS App ▪ Add the policy to the planned team meeting agendas ▪ Ensure relevant staff are aware of the content of the whole policy

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1. Purpose

1.1 To protect both staff and Service Users from infection through routine, safe and effective care practices.

1.2 To support Pol Community Care Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
SAFE	S5: How well are people protected by the prevention and control of infection?
WELL-LED	W5: How does the service work in partnership with other agencies?

1.3 To meet the legal requirements of the regulated activities that Pol Community Care Ltd is registered to provide:

- The Health and Safety (Sharp Instruments in HealthcareRegulations) 2013
- Public Health (Control of Disease) Act 1984 (as amended)
- The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and Related Guidance
- The Care Act 2014
- Control of Substances Hazardous to Health Regulations 2002
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

2. Scope

2.1 The following roles may be affected by this policy:

- All staff
- Registered Manager
- Infection Prevention Lead

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 To set out the framework for reducing the risk of infection and for the control of infection.

3.2 To ensure all staff within Pol Community Care Ltd understand their roles and responsibilities when considering infection control.

3.3 To ensure compliance with national best practice, regulation and legislation.

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4. Policy

4.1 Pol Community Care Ltd recognises that all staff are responsible for infection prevention and control and is committed to minimising the risk of infection to Care Workers and Service Users by ensuring good standards of basic hygiene, insisting on universal infection control procedures and by providing staff with appropriate training and equipment.
4.2 An Infection Prevention Lead (IPL) will be identified within Pol Community Care Ltd. The IPL will, in line with the Health and Social Care Code of Practice on the Prevention and Control of Infections and Related Guidance (2015):

- Be responsible for infection prevention (including cleanliness) management at Pol Community Care Ltd
- Oversee local prevention of infection policies and their implementation
- Report directly to Pol Community Care Ltd
- Have the authority to challenge inappropriate practice
- Have the authority to set and challenge standards of cleanliness
- Assess the impact of all existing and new policies on infection and make recommendations for change
- Be an integral member of governance and safety teams at Pol Community Care Ltd and structures where they exist
- Produce an annual statement with regard to compliance with practice on infection prevention and cleanliness and make it available on request
- Ensure that there is evidence of appropriate action taken to prevent and manage infection
- Undertake an audit programme to ensure that appropriate policies have been developed and implemented
- Provide evidence that the annual statement from the Infection Prevention Lead has been reviewed and, where indicated, acted upon
- In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence must be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative

4.3 Pol Community Care Ltd will ensure that all staff understand the importance of good hand hygiene and how to use Personal Protective Equipment (PPE).
4.4 Pol Community Care Ltd takes its responsibilities seriously in relation to blood-borne viruses, the safer use of sharps and the safe disposal of waste. It will make sure that risks are identified and that measures to control or prevent these risks are clearly documented and cascaded to all staff, Service Users and key stakeholders.

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5. Procedure

5.1 Handwashing

Most healthcare associated infections are preventable through good hand hygiene - cleaning hands at the right times and in the right way. The aim of routine handwashing is to remove dirt and most transient micro-organisms (germs that can be easily removed by handwashing) found on the hands. All staff involved in the delivery of care and support must wash their hands:

- Before starting work
- Before eating, preparing or handling food
- Before and after giving any direct care to each Service User
- Before administering medications
- After any activity that contaminates the hands
- After the removal of gloves
- After using the toilet
- After sneezing/blowing the nose
- After cleaning activities
- Before going home
- And any other occasions when hands are thought to have been contaminated

5.2 Choice of Handwashing Agent

Handwashing can be improved by the provision of adequate and conveniently located facilities and good hand preparation decreases the risk of decontamination. However, within a Service User's home, this is not always available.

Liquid Soap

Handwashing with liquid soap and water removes dirt and organic material and must be used:

- Following direct hand contact with body fluids when gloves should have been worn
- When hands are visibly dirty or visibly soiled with body fluids and other organic matter
- When caring for Service Users with undiagnosed diarrhoea and/or vomiting, Service Users with Clostridium Difficile or Norovirus and during outbreaks of these organisms
- After several consecutive applications of alcohol gel/rub

Alcohol Handrub

Is recommended for routine hand decontamination because it is:

- More effective
- Quicker and easier to use
- Better tolerated by the hands
- Can be provided at the point of care
- It can be used when liquid soap is not available in the Service User's home or if the Service User's home is too dirty to wash and dry hands with soap and water

However, staff must be aware that alcohol gel/rub will not remove dirt or organic material and is not effective against Clostridium Difficile and Norovirus. Hands must be decontaminated with alcohol gel/rub before invasive tasks such as changing dressings are carried out (wash hands first with soap and water if visibly soiled). Alcohol gel/rub is flammable and must be correctly stored.

Bar Soap

- Bacteria can grow on bar soap, especially if it is resting in water
- It must not be used if it is cracked or has dirt visible in the cracks
- If liquid soap is not available and bar soap is used, it must be stored in a drainable dish, but must be rinsed under running water before use. It must be allowed to dry after every use
- Bar soap must not be carried from home to home
- Where possible, staff of Pol Community Care Ltd must not use bar soap

Muslims and Alcohol-Based Hand Gel

In accordance with the 'Muslim Spiritual Care Provision' in the NHS (MSCP) advice, alcohol-based hand gel contains synthetic alcohol and does not fall within the Muslim prohibition against natural alcohol. Therefore, Muslims can use such gels.

5.3 Handwashing Technique

Using Liquid Soap

- Expose the wrists and forearms. All parts of the hands must be included in the process
- Wet hands under running warm water before applying soap
- Apply liquid soap in the recommended product volume
- Rub all parts of the hands vigorously, without applying more water, using the six-step technique
- Rinse under running water
- The handwashing process should take 40-60 seconds and a useful tip to check that you are washing your hands for the right amount of time is to sing 'Happy Birthday' twice

Using Alcohol Gel/Rub

- Hands must be free from dirt and organic matter, if not, wash first
- Avoid using excessive amounts of alcohol gel/rub to minimise skin damage, apply one shot (approx. 5 ml) of alcohol handrub
- The handrub must come into contact with all surfaces of the hands, so hands must be rubbed together vigorously and systemically to include wrists, tips of fingers, backs of hands, palms, thumbs and webs of fingers, for ten to fifteen seconds until the solution has evaporated

5.4 Hand Drying

Dry hands thoroughly. Improper drying can re-contaminate hands that have been washed. Correct drying can further reduce the risk of micro-organisms remaining on the hands after washing. Wet surfaces transfer organisms more effectively than dry ones and inadequately dried hands are prone to skin damage. Where possible, disposable paper towels must be used to ensure that hands are dried thoroughly.

5.5 Personal Protective Equipment (PPE)

- Staff will wear PPE if there is a risk of exposure to blood or body fluids
- PPE includes gloves, aprons and occasionally masks if there is a risk of airborne infections
- Overshoes are unlikely to be required in a home care setting, and staff must be aware that the use of overshoes increase the risk of slips, trips and falls

5.6 Use of Gloves

The use of gloves does not replace the need for hand hygiene. Gloved hands must not be washed or cleaned with alcohol handrub. Hands must be washed after the removal of gloves.The use of gloves will be based on an assessment of the risk of contact with blood, body fluids, secretions and/or excretions, non-intact skin, mucous membranes, hazardous drugs and chemicals, e.g. cleaning agents.
Where a risk exists, gloves will be worn to protect the Care Workerand/or the Service User.

- The use of gloves does not replace the need for hand hygiene
- Gloved hands must not be washed or cleaned with alcohol handrub
- Hands will be washed after the removal of gloves
- Due to the increasing incidence of latex allergies, Pol Community Care Ltd will supply nitrile gloves as an alternative

Gloves will be stored in their original containers, away from direct sunlight, heat sources, and liquids, including chemicals. The area will be clean and must protect the gloves from contamination.

Glove Removal

Gloves must be removed by holding at the cuff and peeling the glove over the hand, then folding the second glove off the hand over the first glove, enclosing the first glove within the second glove and disposing of the gloves in accordance with the Clinical Waste Disposal Policy and Procedure.

5.7 Skin Damage

Skin damage may be associated with poor hand washing technique, but also the frequent use of hand hygiene agents. Excoriated hands are associated with increased growth of germs and increase the risk of infection. Irritant and hand drying effects of hand preparations are one of the reasons why staff fail to follow hand hygiene guidelines. The best practice below will help to prevent skin damage:

- Staff to be aware of the potentially damaging effects of hand hygiene products

- Avoid putting on gloves while hands are still wet from washing or applying alcohol rub
- Avoid rubbing hands with paper towels; skin should be patted dry
- Avoid over-use of gloves
- Use emollient hand cream regularly, e.g. after washing hands, before a break, when going off duty and when off duty
- If irritation occurs, review compliance with the hand decontamination technique and then inform your line manager
- Avoid communal ‘pots’ of moisturiser as they can become a potential source of infection
- Individual tubes of hand creams may be used provided that care is taken not to contaminate the nozzle

5.8 Uniform and Workwear

Effective hygiene and preventing infection is essential in all care settings. Although there is no conclusive evidence that uniforms and workwear play a direct role in spreading infection, the clothes that Care Workers wear must facilitate good practice and minimise any risk to Service Users. Uniforms and workwear will not stop effective hand hygiene, and should not unintentionally come into contact with Service Users during direct care activity.

- Staff will follow the Appearance Policy and Procedure at Pol Community Care Ltd
- Staff will wear gloves and aprons when deemed appropriate, not 'just in case'
- Staff will change as soon as possible if uniform or clothing becomes visibly soiled or contaminated
- Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric
- Clean washing machines and tumble driers regularly, in accordance with manufacturer’s instructions
- Staff will have at least enough uniforms available to change each day and this enables staff to start each day with a clean uniform
- Staff will wash heavily soiled uniforms separately
- Separate washing will eliminate any possible cross-contamination from high levels of soiling, and enable the uniform to be washed at the highest recommended temperature

To control and prevent the spread of infection, Pol Community Care Ltd will ensure that staff understand the following best practice:

- Nails should be short and clean – no nail polish or extensions
- Wrist watches should not be worn. No other jewellery should be worn around the wrist
- Alert bracelets should be removed and attached around a lanyard or pinned to the uniform
- No rings with stones should be worn – one plain band is acceptable

5.9 Cultural and Religious Beliefs

We understand the need to be sensitive to the religious and cultural beliefs of our staff whilst maintaining equivalent standards of hygiene. Pol Community Care Ltd recognises that some staff may not wish to expose their forearms and Pol Community Care Ltd will consider the following as part of its local uniform and workwear policy:

- Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct care activity
- Uniforms can have three-quarter length sleeves
- Any full or three-quarter length sleeves must not be loose or dangling. They must be able to be rolled or pulled back and kept securely in place during hand washing and direct care activity
- Any Sikh staff wearing a Kara bracelet may be asked to ensure that it is pushed up the arm and secured in place with tape for hand washing and during direct care activities

5.10 Exposure Prone Procedures (EPP)

- Care and Clinical Staff may be at increased risk of exposure to blood-borne viruses when performing EPPs
- EPPs are those procedures where there is an increased risk that injury to the worker may result if the Service User's open tissues are exposed to the blood of the worker. These include procedures where the workers gloved hands come into contact with sharp instruments, needle tips, etc.

- However, other situations can present a risk such as pre-hospital trauma care and the care of Service Users where the risk of biting is regular and predictable or for example, through leaking wounds or broken skin
- If a member of staff is known to have, or strongly suspects they may have a BBV, it does not necessarily mean a change of job role. However, the member of staff must inform the Registered Manager for their own and others' safety
- Staff with BBVs may be directed to refrain from EPPs which could put others at risk and cause the worker further illness

5.11 Blood Borne Viruses (BBVs)

BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not. The main BBVs of concern are:

- Hepatitis B virus (HBV), Hepatitis C virus and Hepatitis D virus, which all cause Hepatitis, a disease of the liver
- Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS), affecting the immune system of the body. These viruses can also be found in body fluids other than blood, for example, semen, vaginal secretions and breast milk
- Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood
- Care must still be taken, as the presence of blood is not always obvious, and Service Users may not have any symptoms of a BBV
- All staff at risk of exposure to BBVs will be vaccinated against Hepatitis B
- Staff are at risk of contracting BBVs as much as Service Users are at risk of contracting BBVs from staff
- When on visits, cuts and abrasions must be covered with a waterproof dressing before providing care
- Staff with skin conditions must seek advice from their GP to minimise their risk of infection through open skin lesions
- The correct type of lancing device will be used for Service Users who need to use a blood glucose monitoring device. This is to prevent the transmission of BBVs

5.12 Occupational Exposure Management Including Needlestick (or “Sharps”) Injuries

Needlestick (or “sharps") injuries are one of the most common types of injury reported by healthcare staff. The greatest occupational risk of transmission of a Blood Borne Virus (BBV) is through parenteral exposure, e.g. a needlestick injury, particularly hollow bore needles. Risks also exist from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes; however, this risk is considered to be smaller. There is currently no evidence that BBVs can be transmitted through intact skin, inhalation or through the faecal-oral route.

What Does 'Needlestick' or Sharp Injury Mean?

For the purposes of this Policy and Procedure, the definition of a needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wound. This could include razors, sharp tissues, spicules of bone and teeth. Occupational exposure, including needlestick (sharps) injury, refers to the following injuries or exposures:

- Percutaneous injury (from needles, instruments, bone fragments, human bites which break the skin)
- Exposure of broken skin (abrasions, cuts, eczema, etc.)
- Exposure of mucous membranes including the eye, nose and mouth

5.13 Actions in the Event of an Occupational Exposure Including Needlestick or Similar Injury

First aid - Perform first aid to the exposed area immediately as follows:

- **Skin/tissues** - should be gently encouraged to bleed
- Do not scrub or suck the area
- Wash/irrigate with soap and warm running water. Do not use disinfectants or alcohol
- Cover the area using a waterproof dressing
- **Eyes and mouth** - should be rinsed/irrigated with copious amounts of water

- If contact lenses are worn, irrigation should be performed before and after removing these. Do not replace the contact lens
- Do not swallow the water which has been used for mouth rinsing

For further information refer to the Sharps and Needlestick Policy and Procedure at Pol Community Care Ltd

5.14 Human Bites

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites, which break the skin, are more likely to become infected than dog or cat bites, so it is important that they are treated promptly.

If a bite does not break the skin:

- Clean with soap and water
- Record the incident in the Accident Book
- Review the risk assessment and identify if any changes are required to prevent incidents arising again

If a bite breaks the skin:

- Clean immediately with soap and water and cover with a dressing
- Record the incident in the Accident Book
- Seek medical advice by going to the local A&E department:
  - This will be to treat potential infection and for reassurance and information about HIV and Hepatitis B infection
- Review the risk assessment and identify if any changes are required to prevent incidents arising again

5.15 Animal Bites

- Most animal bites are less likely to become infected than human bites, but they must still be taken seriously
- In the UK, animal bites which do not break the skin will be washed with soap and water
- If a bite breaks the skin, wash with soap and water then seek medical advice about the possible need for treatment to prevent infection
- If someone becomes generally unwell or the bite looks infected, they must seek medical attention
- The Accident Book will be completed and risk assessments reviewed

5.16 Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette will be applied as a standard infection control precaution at all times. The measures include:

- Cover nose and mouth with disposable single use tissues when sneezing, coughing, wiping and blowing noses
- Dispose of used tissues into a waste bin
- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from the mucous membranes of the eyes and nose

5.17 Skin Infections/Infestations

- Staff who have close physical contact with Service Users will be informed if a Service User has a skin infection or infestation. If a Service User with a skin infection, or an active or partially treated infestation requires admission to hospital, the admitting hospital will be informed of the condition
- For general advice or guidance on the infection or infestation, Public Health England can be contacted
- If a member of staff reports that they have acquired a skin infestation, they will seek advice and treatment from their GP before returning to work. In the case of infestations such as Scabies, once the first treatment has been completed, the employee may return to full duties. However, itching may persist for several weeks. The employee's whole family and close contacts need treatment at the same time. Any Service Users who have close contact with the employee will be observed for any signs or symptoms of infestation and contact made with their GP

5.18 Sepsis

Sepsis is a common and potentially life-threatening condition triggered by an infection. Sepsis causes the

body's immune system to go into overdrive, and if it not treated quickly, it can lead to multiple organ failure and death. In many cases, however, sepsis is avoidable and treatable and early identification is key to successfully treating it.

- The key to preventing sepsis is to prevent an infection from occurring in the first place
- If an infection does set in, it must be treated as quickly and effectively as possible
- Many illnesses can be and are prevented through regular childhood vaccinations and any vaccinations available as an adult
- The risk of getting an infection also drops with proper hand washing
- Infections can also be reduced by proper care of all wounds
- Staff must understand and recognise the signs of sepsis. Domiciliary care staff are ideally placed to recognise small changes in the Service User and can play an important role in recognising the signs of sepsis

5.19 Soiled Linen

Washing and rinsing soiled linen can reduce disease-causing germs. Linens used in the home setting can be laundered together using detergent and dried in a hot air dryer to ensure that harmful germs are killed. Linens soiled with large quantities of faeces or vomit will require pre-treating to remove the soiling. When handling soiled linen, care staff must adhere to the following best practice:

- Gloves and aprons must be used if care staff have to handle any laundry soiled with blood or body fluids
- Care Staff will avoid soiled linen touching their skin or clothes
- Position the laundry basket nearby to reduce handling (keep off the floor and fabric covered furniture)
- Do not shake soiled linen; remove faecal material into the toilet
- Teach family or caregivers how to handle soiled laundry safely
- Wash heavily soiled laundry separately and add laundry bleach to wash water according to the manufacturer’s instructions if the material is bleach tolerant. Follow any COSHH instructions on the laundry bleach
- Store clean laundry apart from soiled linens
- Hand hygiene is required when activity is complete
- Remember to maintain the Service User's dignity at all times

5.20 Body Fluid Spillages - Urine, vomit, faeces and blood

- All spillages of body fluids (e.g. urine, vomit, faeces or blood) will be dealt with immediately
- Wear disposable, non-latex gloves and a disposable apron
- Absorb as much of the spillage as possible with absorbent paper towelling
- This can be disposed of into a plastic waste sack (or flushed down the toilet if small amounts)
- If indoors, clean the area with a neutral detergent, e.g. washing up liquid and hot water, rinse and dry and ventilate the area
- For spillages outside, sluice the area with hot water
- Do not forget to thoroughly wash your hands after you have taken the gloves off
- It is recommended that carpets or soft furnishings must be thoroughly cleaned with warm soapy water or a proprietary liquid carpet shampoo, rinsed and where possible, dried
- Consent from a Service User is required when this occurs in someone's home and patch testing of the carpet or fabric will be undertaken

5.21 Disposal of Waste

- Some waste from healthcare (also called clinical waste) may prove hazardous to those who come into contact with it so it is subject to stringent controls
- Hypodermic needles and other hazardous healthcare waste must never be disposed of in the toilet or sink
- In a Service User's home, where Service Users are treated in their home by a community nurse or a member of the NHS profession, any waste produced as a result is considered to be the healthcare

professional's waste

- If the waste is non-hazardous, and as long as it is appropriately bagged and sealed, it is acceptable for the waste to be disposed of with household waste. This is usually the case with sanitary towels, nappies and incontinence pads (known collectively as sanpro waste) which are not considered to be hazardous when they originate from a healthy population
- If the waste is classified as hazardous, arrangements will be made by the health professional to correctly dispose of the waste safely
- Where hypodermic needles are produced in the home, sharps bins will be used
- In the case of pharmaceuticals (medicines, etc.), the recommended means of disposal is to return them to a pharmacist. If this is not possible, again local authorities are obliged to collect the waste separately when asked to do so by the waste holder, but may make a charge to cover the cost of collection
- If Service Users treat themselves in their own home, any waste produced as a result is considered to be their own. Only where a particular risk has been identified (based on medical diagnosis) does such waste need to be treated as hazardous clinical waste

The Health and Social Care Act Code of Practice states that the risks from waste disposal must be properly controlled. In practice this involves:

- Assessing risk
- Developing appropriate policies
- Putting arrangements in place to manage risks
- Monitoring the way in which arrangements work
- Being aware of legislative changes

5.22 Staff Sickness

Staff will inform their line manager of any of the following before commencing work:

- Skin rashes/boils/lesions
- Nasal infections
- Throat infections
- Stomach or bowel trouble e.g. diarrhoea and vomiting (staff suffering from diarrhoea must not attend or return to work until they have been symptom free for 48 hours)
- Infected wounds
- A gastrointestinal illness whilst abroad on holiday (even if fully recovered)
- An immediate family member living in the same house who has a gastrointestinal illness

Staff will be aware that it is breaking the law not to do so.
Should conditions persist, it may be necessary to not return to work until medical clearance has been given by a GP.
All cuts and sores sustained at work will be covered with a waterproof, high-visibility dressing.
All staff designated as food handlers must be screened via the Occupational Health questionnaire at the point of recruitment before being appointed. When agency or bank staff are utilised, there must be evidence available of health clearance.
Occupational Health will be consulted if there are concerns regarding symptoms and The Food Standards Agency 'Food Handlers: Fitness to Work guidelines' will be observed.
Where contracted caterers/food retailers are used, Mrs Karon Gunter must ensure that they have procedures similar to the above in place to ensure that food handlers are fit to work in accordance with the Food Standards Agency guidelines.
Where more than two members of staff are off duty at one time with a gastrointestinal illness, infection advice will be sourced from Public Health England.

5.23 Communication

- Pol Community Care Ltd will ensure that all care workers (including contractors and volunteers) are aware of, and discharge their responsibilities in, the process of preventing and controlling infection
- This could be done through, but is not limited to, job descriptions, induction, training, supervision and team meetings
- Contractors working in Service User areas would need to be aware of any issues with regard to

infection prevention and obtain 'permission to work'

- Where staff undertake procedures which require skills such as aseptic technique, they must be trained and demonstrate proficiency before being allowed to undertake these procedures independently
- Pol Community Care Ltd will ensure that its policy on the control of infection is shared with Service Users and other stakeholders
- Outcomes of investigations into incidents must be shared with the person concerned and, where relevant, their families, carers and advocates. This is in keeping with Regulation 20, Duty of Candour

5.24 Working with Other Providers - The movement of Service Users between services

Pol Community Care Ltd will ensure that it provides suitable and sufficient information on a Service User's infection status whenever it arranges for that person to be moved from the care of one organisation to another, or from a Service User's home, so that any risks to the Service User and others from infection may be minimised. When information is being shared, consent from the Service User will be obtained. In cases where the Service User lacks capacity, consent will be sought from whoever has power of attorney, or decisions will be made in the best interests of the Service User following the principles of the Mental Capacity Act.

5.25 Outbreaks of Communicable Diseases

- Staff must be aware of the signs of infection, particularly in the elderly, e.g. fever, diarrhoea or vomiting, unexpected falls and confusion. They must also know to report these signs immediately to senior management when they occur. A number of infectious diseases may spread readily to other vulnerable people and/or members of staff or relatives and cause outbreaks
- Where staff contract a communicable disease, advice will be sought from their GP. The Registered Manager will seek occupational health advice where necessary. Public Health England Regional Centres can also provide advice and guidance to professionals
- For employees, where it is clear that the disease is either attributable or contributed to by the work activity and a Registered Medical Practitioner has confirmed that this is the case, then a report must be submitted to the Health and Safety Executive (RIDDOR)
- Business continuity plans will be localised to ensure that provision is made for outbreaks of communicable diseases, e.g. a pandemic

5.26 Reporting

An outbreak is defined as two or more related cases of infectious disease. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires Pol Community Care Ltd to report the outbreak of notifiable diseases via:

- **RIDDOR**
  - The Registered Manager is duty bound to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards, and must refer to the Health and Safety Executive website for further information
- **The Care Quality Commission (CQC)**
  - Pol Community Care Ltd will ensure that the CQC is notified of incidents relating to infection control and disease outbreaks in line with regulatory requirements

Records of any such outbreak must be kept, specifying dates and times and, in the event of an incident, the Registered Manager is responsible for informing the HSE.

5.27 Food Handling and Hygiene

- All staff will adhere to the Food Hygiene Policy at Pol Community Care Ltd and ensure that all food prepared in the Service User's home for the Service User is prepared, cooked, stored and presented in accordance with the high standards required by the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2005
- Any member of staff who becomes ill while handling food will report at once to his or her line manager or supervisor, or to Pol Community Care Ltd
- Staff involved in food handling who are ill will see their GP and must only return to work when their GP states that they are safe to do so

5.28 Training

- Staff and volunteers will be made aware of this policy and will be trained appropriately to ensure that

they are suitably skilled and competent

6. Definitions

6.1 Needlestick or Sharp Injury

- A needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wounds, such as razors, sharp tissues, spicules of bone and teeth

6.2 Sepsis

- Sepsis is a life-threatening condition that arises when the body's response to an infection causes it to attack its own tissues and organs. In sepsis, a Service User's immune system goes into overdrive setting off a series of reactions including widespread inflammation. This can cause a significant decrease in blood pressure reducing the blood supply to vital organs and starving them of oxygen. Sepsis can lead to multiple organ failure and death especially if not recognised early and treated quickly. Care Workers who see someone regularly can spot the early signs of sepsis by using the Sepsis Tool

6.3 Outbreak

- An outbreak can be defined as two or more cases of infection occurring around the same time, in Service Users and/or their carers or an increase in the number of cases normally observed. The commonest outbreaks are due to viral respiratory infections and gastroenteritis. The organisms may be spread by hand contact and, on occasion, by other routes which may include food

6.4 Communicable Diseases

- Communicable diseases can be defined as illnesses caused by microorganisms and transmitted from an infected person or animal to another person or animal. Some diseases are passed on by direct or indirect contact with infected persons or with their excretions. Most diseases are spread through contact or close proximity because the causative bacteria or viruses are airborne, i.e. they can be expelled from the nose and mouth of the infected person and inhaled by anyone in the vicinity. Such diseases include: Diphtheria, Scarlet Fever, Measles, Mumps, Whooping Cough, Influenza, and Smallpox. Some infectious diseases can be spread only indirectly, usually through contaminated food or water, e.g. Typhoid, Cholera, Dysentery. Still, other infections are introduced into the body by animal or insect carriers, e.g. Rabies, Malaria, Encephalitis

6.5 Pandemic

- An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people

6.6 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

- RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work'. Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident

6.7 Aseptic Technique

- This involves using practices and procedures to prevent contamination from pathogens by adhering to the strictest of rules to minimise the risk of infection

Pol Community Care Ltd
Office 2, Caradon Enterprise Centre, 1 Holman Road, Liskeard Business Park, Liskeard, Cornwall, PL14 3UT

Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Washing hands correctly is the single most effective way of controlling the spread of infection
- Wear PPE when there is likely to be exposure to body fluids
- Avoid the use of sharp objects if the work activity could result in a cutting injury, then avoid the use of sharp knives, needles or glass wherever possible
- Ensure immunisations are up to date
- Dispose of waste correctly use the correct bins to dispose of waste, ensure that the working areas are kept clean, wash your hands afterwards and dispose of all contaminated waste safely
- Ensure that staff have up to date training on infection control
- Ensure that there is a nominated lead for infection

Key Facts - People affected by the service

People affected by this service should be aware of the following:

- Obtain advice from your GP on any available and recommended vaccinations
- Ensure that you wash your hands as this will help prevent the transmission of infection

Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

How to recognise Sepsis - A Checklist for Community Care Staff:
https://sepsistrust.org/wp-content/uploads/2018/06/Community-carers-NICE-Final-2.pdf
Five Moments of Hand Hygiene, WHO: http://www.who.int/gpsc/5may/background/5moments/en/
Clean Care is Safer Care - Clean hands protect against infection, WHO:
http://www.who.int/gpsc/clean_hands_protection/en/
The Royal Marsden Hospital Manual of Clinical Nursing Procedures Chapter 10 Ninth Edition
NICE - Pathway on the prevention and control of healthcare associated infections:
https://pathways.nice.org.uk/pathways/prevention-and-control-of-healthcare-associated-infections
This infection control policy should be read in conjunction with other relevant policies at Pol Community Care Ltd :

- **Pets Policy and Procedure**
- **Health and Safety Policy and Procedure**
- **Clinical Waste Disposal Policy and Procedure**
- **Blood Spillage Policy and Procedure**
- **Risk Assessment Policy and Procedure**
- **Sharps and Needlestick Policy and Procedure**
- **Quarantine and Barrier Nursing Policy and Procedure**
- **Food Hygiene Policy and Procedure**
- **Laundry Policy and Procedure**

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Outstanding Practice

To be ‘ outstanding ’ in this policy area you could provide evidence that:

- Infection Control audits are undertaken as part of the ongoing quality monitoring process to identify and drive forward any improvements required
- Care records evidence that staff have made referrals to external health care professionals when needed
- Changing needs are identified promptly and staff ensure that these needs are met through the involvement of other agencies
- Staff wear PPE appropriately and are aware of the importance of good hand hygiene
- The wide understanding of the policy is enabled by proactive use of the QCS App

Forms

Currently there is no form accompanied to this policy.